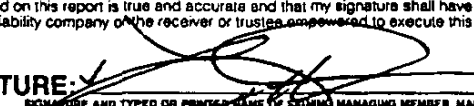


FILED
Mar 13, 2008 8:00 am
Secretary of State

02-27-2008 90073 003 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000005734			
1. Entity Name TOPPINO HOLDINGS, LLC			
Principal Place of Business 4880 N. HIGHWAY 19A SUITE 100 MT. DORA, FL 32757		Mailing Address PO BOX 687 MINNEOLA, FL 34755	
2. Principal Place of Business - No P.O. Box # 2468 Hwy 441, Ste 505 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 101 Suite, Apt. #, etc.	
City & State Fruitland Park, FL		City & State Fruitland Park, FL	
Zip 34731	Country USA	Zip 34731	Country USA
4. FEI Number 25-1902496		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOPPINO, PHILIP 4880 N. HIGHWAY 19A SUITE 100 MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name LEE WOODS Street Address (P.O. Box Number is Not Acceptable) 2468 Hwy 441, Ste 505 City Fruitland Park FL Zip Code 34731	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2-25-08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PRESIDENT TOPPINO, PHILIP M PO BOX 687 MINNEOLA, FL 34755 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR V.P. LEE WOODS 2468 Hwy 441, Ste 505 Fruitland Park, FL 34731 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SEC. / TREAS. N.W. LEE 7504 BRIGHTWATER PARK ORLANDO, FL 32168 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE  DATE 2-25-08 362-267-1494 Signature and typed or printed name of current managing member, manager, or authorized representative			